

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN300AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2011
NAME OF PROVIDER OR SUPPLIER MIRA LOMA GROUP CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4205 MIRA LOMA DR RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/1/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by:	Y 026		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1 Based on observation, record review and interview on 4/1/11, the facility was caring for 1 of 3 residents without a Category 2 license (Resident #2 - current placement was inappropriate because the resident could not evacuate the facility in 4 minutes without assistance). Severity: 2 Scope: 1	Y 026			
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation and interview on 4/1/11, the food preparation area was not clean allowing for the sanitary preparation of food (mold/mildew in grout area behind sink, grease build-up on stove hood, wall behind stove and window in oven). Severity: 2 Scope: 3	Y 250			
Y 783 SS=D	449.2726(2)(a)(b) Diabetes	Y 783			

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Y 783	<p>Continued From page 2</p> <p>NAC 449.2726</p> <p>2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his diabetes if:</p> <p>(a) The resident's physical and mental condition is stable and following a predictable course.</p> <p>(b) The amount of the medication prescribed to the resident for his diabetes is at a maintenance level and does not require a daily assessment.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview on 4/1/11 the facility admitted a diabetic resident (Resident #1) who had medication that required a daily assessment.</p> <p>Findings include:</p> <p>Review of records on 4/1/11 revealed that Resident #1 was admitted to the facility on 12/30/09 with a diagnosis of insulin dependent diabetes mellitus which required him to test his blood sugar three times a day to determine how much of a fast acting insulin he would need. The amount of insulin the resident required was on a "sliding scale" depending upon blood sugar results.</p> <p>Severity: 2 Scope: 1</p>	Y 783			

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